

DO/EO WORKSHEET

Paralegal/National Stage Division

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INTERNATIONAL APPLICATION PAPERS IN THE APPLICATION FILE:

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| <input checked="" type="checkbox"/> International Application (RECORD COPY) | <input type="checkbox"/> PCT/IB/331 |
| <input type="checkbox"/> Article 19 Amendments | <input type="checkbox"/> Request form PCT/RO/101 |
| <input type="checkbox"/> PCT/IPEA/409 IPER: <input type="checkbox"/> EP <input type="checkbox"/> JP <input type="checkbox"/> SE <input type="checkbox"/> AU | <input type="checkbox"/> PCT/ISA/210 - Search Report: <input type="checkbox"/> EP <input type="checkbox"/> JP <input type="checkbox"/> SE <input type="checkbox"/> AU |
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| <input checked="" type="checkbox"/> Drawing Figure(s) - (# of dwgs. <u>1</u>) | <input type="checkbox"/> Assignment Document (forwarded to Assignment Branch) |
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| | <input type="checkbox"/> Other: _____ |

NOTES: ☐ I.A. used as Specification ☐ Other: _____

35 U.S.C. 371 - Receipt of Request (PTO-1390)

Date Acceptable Oath/ Declaration Received.

Date of Completion of requirements under 35 U.S.C. 371

Date of Completion of ALL requirements (no EP requested)

Date of Completion of DO/EO 903 - Notification of Acceptance

Date of Completion of DO/EO 905 - Notification of Missing Requirements

Date of Completion of DO/EO 909 - Notification of Abandonment

Date of Completion of DO/EO 916 - Notification of Defective Response

Date of Completion of DO/EO 922

Date of Completion of DO/EO 923

10 MAY 05
27 June 05

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND																																																																	
1 Date of Request: _____		2 Serial/Patent # <u>10/534555</u>																																																															
3 Please refund the following fee(s): <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 5%; text-align: center;"><input checked="" type="checkbox"/></td> <td style="width: 60%;">Filing</td> <td style="width: 15%; text-align: center;">1</td> <td style="width: 15%; text-align: center;">05-10-25 TZ</td> <td style="width: 5%; text-align: center;">\$</td> <td style="width: 10%; text-align: center;">50</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Amendment</td> <td></td> <td></td> <td style="text-align: center;">\$</td> <td></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Extension of Time</td> <td></td> <td></td> <td style="text-align: center;">\$</td> <td></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Notice of Appeal/Appeal</td> <td></td> <td></td> <td style="text-align: center;">\$</td> <td></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Petition</td> <td></td> <td></td> <td style="text-align: center;">\$</td> <td></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Issue</td> <td></td> <td></td> <td style="text-align: center;">\$</td> <td></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Cert of Correction/Terminal Disc.</td> <td></td> <td></td> <td style="text-align: center;">\$</td> <td></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Maintenance</td> <td></td> <td></td> <td style="text-align: center;">\$</td> <td></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Assignment</td> <td></td> <td></td> <td style="text-align: center;">\$</td> <td></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Other</td> <td></td> <td></td> <td style="text-align: center;">\$</td> <td></td> </tr> </table>	<input checked="" type="checkbox"/>	Filing	1	05-10-25 TZ	\$	50	<input type="checkbox"/>	Amendment			\$		<input type="checkbox"/>	Extension of Time			\$		<input type="checkbox"/>	Notice of Appeal/Appeal			\$		<input type="checkbox"/>	Petition			\$		<input type="checkbox"/>	Issue			\$		<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$		<input type="checkbox"/>	Maintenance			\$		<input type="checkbox"/>	Assignment			\$		<input type="checkbox"/>	Other			\$			4 PAPER NUMBER	5 DATE FILED	6 AMOUNT	
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